

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2 0 0 1 8 - 0 4

2. STATE:

Florida

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.40

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ -0-

b. FFY 2002 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-C (1 page)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-C (1 page)

10. SUBJECT OF AMENDMENT:

Paid Bed Reservations

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary

15. DATE SUBMITTED:

6/7/2001

16. RETURN TO:

Mr. Bob Sharpe

Deputy Secretary for Medicaid

Agency for Health Care Administration

Post Office Box 12600

Tallahassee, Florida 32317-2600

Attention: Wendy Johnston

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 7, 2001

18. DATE APPROVED:

June 28, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasso

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

PAID BED RESERVATION POLICY

Medicaid reimbursable absences from a long-term care institution are described below. All leave must be documented in a resident's plan of care and approved by a physician.

A. INPATIENT HOSPITALIZATION Up to 8 days per hospitalization for each nursing facility resident approved for the institutional care program (ICP). Medicaid will not pay for nursing facility bed hold if 20 percent or more of the certified Medicaid beds are available. Up to 15 days per hospitalization for each state mental hospital (age 65 years and older) resident or ICF/DD resident approved for the institutional care program (ICP). There is no annual maximum. ICD/DD residents are not entitled to an additional 15 days of hospitalization immediately following an infirmity stay. One day is described as an overnight stay from the facility.

B. INFIRMARY STAYS FOR ICF/DD RESIDENTS Up to 15 consecutive days per infirmity stay, with an annual maximum of 30 days for each ICF/DD resident approved for the institutional care program (ICP). The reason for the infirmity stay must be documented by the attending physician and described in the resident's plan of care. At the completion of infirmity stay, residents must be returned to the ICF/DD, hospitalized or discharged from the ICF/DD. One day is described as an overnight stay from the facility.

C. THERAPUETIC LEAVE DAYS Therapeutic leave means a resident leaves the facility to go to a family-type setting and not to another facility. Family type settings include a private home, boarding home or assisted living facility. One day of therapeutic leave is described as an overnight stay from the facility.

(1) Nursing Facility Residents: Up to 16 days per state fiscal year (July 1 through June 30). Medicaid will not pay for nursing facility bed hold if 20 percent or more of the certified Medicaid beds are available.

(2) State Mental Hospital Residents (age 65 years and older): Up to 30 days per state fiscal year (July 1 through June 30). Each visit over three consecutive days must be prior authorized.

(3) ICF/DD residents: Up to 45 days per state fiscal year (July 1 through June 30). The district DS program office must authorize therapeutic leave. Therapeutic leave will not be approved if the resident's therapy would be seriously affected.

Amendment 2001-04
Supersedes 97-04
Effective 4/1/01
Approval JUN 28 2001